

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000060056

1. Entity Name
CGJM, INC.



FILED

07 MAY 15 AM 8:29

FLORIDA STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
235 SOUTH CENTRAL
OVIEDO, FL 32765

Mailing Address
235 SOUTH CENTRAL
OVIEDO, FL 32765

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04302007

Chg-P

CR2E034 (12/06)

4. FEI Number

01-0706507

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALTON, MARILYN D
235 SOUTH CENTRAL
OVIEDO, FL 32765

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME UNGERMAN, GAILEN J
STREET ADDRESS 235 S. CENTRAL AVE.
CITY-ST-ZIP OVIEDO, FL 32365

TITLE 0 ☐ Change ☒ Addition
NAME Yemma, Christopher M
STREET ADDRESS 235 S. Central Ave.
CITY-ST-ZIP Oviedo, FL 32765

TITLE O ☒ Delete
NAME EAGLE, GAIEL E
STREET ADDRESS 235 S. CENTRAL AVE.
CITY-ST-ZIP OVIEDO, FL 32765

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600103609506
CITY-ST-ZIP 05/31/07--01028--024 **61.25

TITLE D ☐ Delete
NAME MEDICO, CAROLE A
STREET ADDRESS 235 S. CENTRAL AVE.
CITY-ST-ZIP OVIEDO, FL 32765

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WALTON, MARILYN D
STREET ADDRESS 235 S. CENTRAL AVE.
CITY-ST-ZIP OVIEDO, FL 32365

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2007

Date

407-365-6403

Daytime Phone #